

## PUBLIC INFORMATION LETTER APPLICATION

TO BE COMPLETED BY PLANNING COUNTER STAFF			
FILE NUMBER		Staff: _____	
ZONING		Date: _____	
GENERAL PLAN		Amount paid: _____	
TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)			
SELECT ONE OF THE FOLLOWING:			
<input type="checkbox"/> <b>A. Zoning Letter</b> (\$233*, select which type): <input type="checkbox"/> 1. Basic (includes Zoning and General Plan Designations): Additional: <input type="checkbox"/> Bingo <input type="checkbox"/> Cottage Foods, as Home Occupation <input type="checkbox"/> 2. ABC Verification (complete top of page 2) <input type="checkbox"/> 3. DMV Verification (complete bottom of page 2) <input type="checkbox"/> 4. Massage (complete top of page 3)		<input type="checkbox"/> <b>B. Verification Letter for a Payday Lending Establishment</b> (\$312*, 2 hours, see page 4), includes verification of Zoning District, distance requirements, and review of State License	
<b>C. Legal Nonconforming Determination Letter</b> (\$861*, 5 hours, see page 5): includes comprehensive permit history information and legal nonconforming (LNC) determination.			
* \$38 per ¼ hour of staff review time required beyond the scope of what the established fee pays for, based on Planning Application 2010-2011 Fee Schedule			
SUBJECT PROPERTY			
LOCATION / ADDRESS			
ASSESSOR'S PARCEL NUMBER(S) <sup>1</sup>			
(Attach parcel map)			
INFORMATION REQUESTED/REASON FOR LETTER:			
APPLICANT/CONTACT PERSON			
NAME (PRINTED)			
ADDRESS		CITY	STATE
		ZIP CODE	
DAYTIME TELEPHONE # (     )	FAX TELEPHONE # (     )	E-MAIL ADDRESS	

<sup>1</sup> Assessor Parcel Number and Parcel Map available online at: <http://eservices.sccgov.org/ari/home.do>

**PLEASE SUBMIT THIS APPLICATION IN PERSON TO:  
DEVELOPMENT SERVICES CENTER, 1<sup>ST</sup> FLOOR, CITY HALL**

**A. 1 - Basic Zoning Letter:**

This letter explains the zoning district of the subject property and the General Plan Land Use/ Transportation Diagram designation.

**A. 2 - Alcoholic Beverage Control Verification:**

<b>TO BE COMPLETED BY APPLICANT:</b>	Is there any outdoor dining: <input type="checkbox"/> NO <input type="checkbox"/> YES – Existing <input type="checkbox"/> YES – Proposed Approved per File No: _____ (If yes, then attach a site plan drawn to scale)	
	Business Address:	Hours of Operation: 3
	Is this a new license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Business: (Restaurant, bar, etc.)
	Business Name (DBA):	License Type and Name:
	Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge. I acknowledge that any false or misleading information will constitute grounds for denial of the application for the license; or if the license is issued in reliance on information in this affidavit which is false or misleading, then such information will constitute grounds for revocation of the license so issued.	
APPLICANT SIGNATURE _____ DATE _____		
<b>TO BE COMPLETED BY STAFF:</b>	Does Zoning Allow Intended Use <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Is a CUP or PD Permit required <input type="checkbox"/> NO <input type="checkbox"/> YES, File No./approval date: _____	
	Planner verifying the above information: _____ Date _____	

**A. 3 - Department of Motor Vehicles Verification:**

<b>TO BE COMPLETED BY APPLICANT:</b>	<b>VEHICLE SALES (Check boxes that apply)</b>	
	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Retail <input type="checkbox"/> Automobiles <input type="checkbox"/> Motorcycles <input type="checkbox"/> Wholesale <input type="checkbox"/> Trucks <input type="checkbox"/> Recreational Vehicles <input type="checkbox"/> On-Site Storage <input type="checkbox"/> No On-Site Storage <input type="checkbox"/> Trucks Over One Ton <input type="checkbox"/> Auto-broker	
	Outdoor Vehicles Sales Event, Date(s): _____ Hours of Event: _____ to _____	
	<b>VEHICLE REPAIR (Check boxes that apply)</b>	<b>OTHER</b>
	<input type="checkbox"/> Automobiles <input type="checkbox"/> Trucks Over One Ton <input type="checkbox"/> Motorcycles <input type="checkbox"/> Trucks <input type="checkbox"/> Recreational Vehicles	<input type="checkbox"/> Driving School/Taxi Cab Services <input type="checkbox"/> Registration Licensing Branch <input type="checkbox"/> Traffic Violator School
	<b>AUTO DISMANTLER'S PERMIT (Check boxes that apply)</b>	
	<input type="checkbox"/> Auto Dismantling	<input type="checkbox"/> Wrecking Yard
	The undersigned hereby declares that the information provided is true to the best of his/her knowledge.	
APPLICANT SIGNATURE _____ DATE _____		
<b>TO BE COMPLETED BY STAFF:</b>	Does Zoning Allow Intended Use <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Is a CUP or PD Permit required <input type="checkbox"/> NO <input type="checkbox"/> YES, File No./approval date: _____	
	Planner verifying the above information: _____ Date _____	

**A. 4 - Massage Use:**

<b>TO BE COMPLETED BY APPLICANT:</b>	<b>State Certified Massage (Personal Service):</b>		
	<b>Attach</b> current certificate issued by the California Massage Therapy Council, pursuant to Chapter 10.5 of the California Business and Professional Code, for each person administering massage at this location.		
	DESCRIPTION OF SERVICES PROVIDED (attach additional sheets if necessary):		
	ALL PERSONS ADMINISTERING MASSAGE AT THIS LOCATION <sup>2</sup> :		
	1. _____ 2. _____		
	3. _____ 4. _____		
	<sup>2</sup> Please use a separate sheet if there are <u>more</u> than 4 persons administering massage.		
	<i>NOTE: If the above list of persons administering massage changes, it shall be the <u>applicant's</u> responsibility to submit a new Massage Letter Application to enable the City to verify the certificates of any new staff.</i>		
	<b>Other Massage (Not Certified):</b>		
	<ul style="list-style-type: none"> <li>• Please submit a floor plan, drawn to scale, showing all uses listed.</li> <li>• Please provide a description of all services that are or will be offered at the business.</li> <li>• Check the appropriate box for the proposed massage use: <ul style="list-style-type: none"> <li><input type="checkbox"/> Massage is administered by a voluntary professional certified massage therapist in conjunction with state licensed physician, surgeon, chiropractor, acupuncturist, dentist, osteopath, physical therapist, or registered nurse and <u>only for the patients of the aforementioned</u> as a part of their professional course of treatment.</li> <li><input type="checkbox"/> An athletic club or a full-service barber or beauty salon where not more than 15 % of floor space is used for massage activity. A full-service barber must, at a minimum, provide hair styling, including shampoos, and shave services; and a full service beauty salon must, at a minimum, provide services for hair styling, including shampoos and facials.</li> <li><input type="checkbox"/> A State-approved massage school.</li> </ul> </li> </ul>		
<b>Massage Parlors:</b>			
<i>Is the proposed use:</i>			
A. In the Downtown Core Area? <sup>3</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
B. In the CG Zoning District, or equivalent PD Zoning District? <sup>4</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
C. Within 500 feet of any school (public or private, college or university)? <sup>3</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
D. Within 200 feet of any other adult book/video store, adult motion picture theater, adult entertainment establishment or massage parlor <b>OR</b> any property in a residential zoning district (inside or outside the City)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES to question D, all of the below criteria <u>must</u> be met:			
On a 35-acre commercial site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
General Plan designation of Regional Commercial?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Fully contained within a commercial center or facility, which center or facility has an aggregate square footage of at 250,000 square feet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

<sup>3</sup> If "yes", then the use cannot be located at the subject property.

<sup>4</sup> Per Section 20.80.020 of the San Jose Municipal Code, the use can only be located in the CG Commercial General Zoning District, or in a Planned Development Zoning District that allows uses of the CG Commercial District.

## **B. – Zoning Verification for a Payday Lending Establishment:**

**Zoning Verification for Payday Lending Establishments may be issued only for those establishments which meet the specific criteria, per Section ----- of the Zoning Ordinance.**

**Provide evidence that the proposed Payday Lending Establishment conforms to the restrictions and conditions listed below:**

- ☐ The Payday Lending Establishment is located in a zoning district that allows Payday Lending as a Permitted Use.
- ☐ The Payday Lending Establishment is not located within a census tract identified by the recently available U.S. Census Bureau's data as having a median household income below that defined by the U.S. Department of Housing and Urban Development as "very low income" for a two-person household ("Very Low Income Census Tract") or closer than a minimum of 1,320 feet from the boundary of a Very Low Income Census Tract, measured from the parcel line of the parcel on which the Payday Lending Establishment is located.
- ☐ The Payday Lending Establishment is not located on a parcel of real property that is closer than a minimum of 1,320 feet from any parcel on which another Payday Lending Establishment is located, measured from the closest parcel lines of the respective parcels.
- ☐ The Payday Lending Establishment holds, and maintains and is in compliance with a valid license issued by the State of California under the California Deferred Deposit Transaction Law, as amended from time to time.

**Please submit maps (drawn to scale) and any other additional evidence that the proposed Payday Lending Establishment meets all of the above criteria.**

## **C. - Legal Nonconforming Determination:**

**Please submit the following along with your application:**

- ☐ Photographs of existing building or subject area.
- ☐ All necessary evidence and documentation supporting your legal nonconforming claim. See below for resources:
  - Building Permits - These records can be obtained by doing a permit search in Development Services Center of City Hall at 200 East Santa Clara Street in San Jose.
  - Sanborn Insurance Maps, located in the California Room at the Martin Luther King, Jr. Main Library at 150 E. San Fernando Street in San Jose.
  - Polk & Haines Directories - Copies of this information can be obtained from the California Room at the Martin Luther King, Jr. Main Library at 150 E. San Fernando Street in San Jose.
  - Santa Clara County, Building Permits -This information can be obtained from the Santa Clara County Department of Planning and Development, located on the 7<sup>th</sup> floor at 70 West Hedding Street in San Jose.
  - Santa Clara County, Assessor's Records -This information can be obtained from the Santa Clara County Assessor's Office, located on the 5<sup>th</sup> floor at 70 West Hedding Street in San Jose.
  - Alcoholic Beverage Control history - This information can be obtained from the Department of Alcoholic Beverage Control at 100 Paseo de San Antonio, Room 119 in San Jose.
  - Department of Motor Vehicles history - This information can be obtained from the Department of Motor Vehicles at 111 West Alma Ave in San Jose.
  - Copies of prior/current leases
  - Business Licenses - These records can be obtained from the City of San Jose Finance Department in Development Services Center of City Hall on the 1<sup>st</sup> floor at 200 East Santa Clara Street in San Jose.
  - Business Receipts
  - Copies of Yellow Pages or White Pages listings